

to: **Wendy Edwards** date: **April 17, 2007**
from: **Pete Davidson** subject: **Revised 2007 Capitation Rates**

As requested, PricewaterhouseCoopers LLP has calculated revised FCHP, PCO, and DCO capitation rates to be effective July 1, 2007 or August 1, 2007. This memorandum summarizes the reasons for and the method used to calculate the revised rates.

When the 2007 capitation rates were developed, temporary benefit reductions were expected to be implemented during the year, as required under Oregon law. Based on information provided by DHS, the benefit reductions were anticipated to begin approximately February 1, 2007 and sunset June 30, 2007 (which is the end of the 2005-2007 biennium), after which the benefits would return to the pre-reduction level. The benefit reductions were to affect vision, over-the-counter (OTC) drugs, and dental.

Due to the temporary nature of the benefit reductions, we expected a significant percentage of the vision and dental services would simply be delayed or shifted to a period before the benefit reduction rather than completely eliminated. Therefore, we developed benefit adjustments for the full-benefit and reduced-benefit periods reflecting the expected net effect of reduced utilization and the shift in timing of services during calendar year 2007. The FCHP, PCO, and DCO contracts include separate capitation rates for the full-benefit period and the reduced-benefit period. Under the contract, the plans would receive the full-benefit rates until the benefit reductions were implemented, at which time the plans would receive the reduced-benefit rates. Upon sunset of the benefit reductions, the plans would again receive the full-benefit rates.

Subsequent to the development and CMS approval of the capitation rates, the Oregon legislature changed the law to eliminate the benefit reductions. However, the capitation rates currently being paid to the managed care plans are the full-benefit rates, which reflect the anticipated increase in utilization of services due to what was believed to be an impending temporary benefit reduction. Since the benefit reductions will not occur, the capitation rates have been revised to remove the excess utilization and properly reflect expected utilization under the current situation.

To develop the revised capitation rates, we simply removed the benefit adjustment factors. All other adjustment factors are unchanged.

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Please let me know if you have questions regarding this memo or the attached capitation rates. I can be reached at 415-498-5636 or peter.b.davidson@us.pwc.com.

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: TANF Adults
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Physician

Basic	\$65.11
Family Planning	\$0.76
Hysterectomy	\$0.73
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$1.06
Subtotal	\$67.71

Outpatient

Basic	\$33.32
Emergency Room	\$8.24
Family Planning	\$0.06
Hysterectomy	\$0.03
Maternity	\$0.00
Sterilization	\$0.62
Subtotal	\$42.27

Prescription Drugs

Basic	\$43.66
Family Planning	\$2.10
Subtotal	\$45.76

Inpatient

Basic	\$33.44
Family Planning	\$0.00
Hysterectomy	\$2.88
Maternity	\$0.00
Newborn	\$0.01
Sterilization	\$3.67
Subtotal	\$40.01

Miscellaneous

Chemical Dependency	\$13.04
DME/Supplies	\$1.80
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.46
Transportation - Ambulance	\$2.73
Vision	\$3.73
Subtotal	\$21.76

Total Basic Services	\$217.50
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Optional Services

Maternity Management	\$3.39
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Total Services	\$220.90
Total Services with Admin	\$254.89

Mental Health

Acute Inpatient	\$1.99
Assess & Eval	\$2.44
Case Management	\$0.97
Consultation	\$0.18
Ancillary Services	\$0.04
Med Management	\$1.55
Alternative to IP	\$0.30
Family Support	\$0.01
OP Therapy	\$7.81
Other OP	\$0.01
Phys IP	\$0.14
Phys OP	\$0.92
Support Day Program	\$0.46
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$16.83
Total MH Services with Admin	\$19.42

Dental	\$29.30
Dental Services with Admin	\$33.81

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: PLM Adults

Physician

Basic	\$82.25
Family Planning	\$2.23
Hysterectomy	\$0.07
Maternity	\$0.00
Newborn	\$0.34
Sterilization	\$3.78
Subtotal	\$88.66

Outpatient

Basic	\$20.64
Emergency Room	\$3.40
Family Planning	\$0.10
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$1.21
Subtotal	\$25.35

Prescription Drugs

Basic	\$23.00
Family Planning	\$2.29
Subtotal	\$25.29

Inpatient

Basic	\$7.88
Family Planning	\$0.00
Hysterectomy	\$0.49
Maternity	\$0.00
Newborn	\$0.17
Sterilization	\$25.67
Subtotal	\$34.20

Miscellaneous

Chemical Dependency	\$4.43
DME/Supplies	\$0.80
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.44
Transportation - Ambulance	\$4.37
Vision	\$3.44
Subtotal	\$13.48

Total Basic Services	\$186.98
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Optional Services

Maternity Management	\$22.75
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Total Services	\$209.72
Total Services with Admin	\$242.00

Mental Health

Acute Inpatient	\$0.35
Assess & Eval	\$0.96
Case Management	\$0.20
Consultation	\$0.04
Ancillary Services	\$0.00
Med Management	\$0.19
Alternative to IP	\$0.10
Family Support	\$0.01
OP Therapy	\$2.20
Other OP	\$0.00
Phys IP	\$0.05
Phys OP	\$0.22
Support Day Program	\$0.07
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$4.40
Total MH Services with Admin	\$5.08

Dental	\$17.23
Dental Services with Admin	\$19.88

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 0-1

Physician

Basic	\$116.27
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.05
Newborn	\$9.54
Sterilization	\$0.00
Subtotal	\$125.87

Outpatient

Basic	\$17.41
Emergency Room	\$7.00
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.01
Sterilization	\$0.00
Subtotal	\$24.42

Prescription Drugs

Basic	\$10.17
Family Planning	\$0.01
Subtotal	\$10.18

Inpatient

Basic	\$55.73
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$1.45
Newborn	\$119.60
Sterilization	\$0.00
Subtotal	\$176.79

Miscellaneous

Chemical Dependency	\$0.00
DME/Supplies	\$2.46
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.50
Transportation - Ambulance	\$6.45
Vision	\$0.33
Subtotal	\$9.75

Total Basic Services	\$347.00
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Optional Services

Maternity Management	\$0.00
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Total Services	\$347.00
Total Services with Admin	\$400.40

Mental Health

Acute Inpatient	\$0.01
Assess & Eval	\$0.01
Case Management	\$0.00
Consultation	\$0.00
Ancillary Services	\$0.00
Med Management	\$0.00
Alternative to IP	\$0.00
Family Support	\$0.00
OP Therapy	\$0.01
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.01
Support Day Program	\$0.00
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$0.04
Total MH Services with Admin	\$0.05

Dental	\$0.09
Dental Services with Admin	\$0.11

**Oregon Health Plan Medicaid Demonstration
 Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 1-5

Physician

Basic	\$37.10
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.01
Newborn	\$0.06
Sterilization	\$0.00
Subtotal	\$37.16

Outpatient

Basic	\$11.68
Emergency Room	\$4.05
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$15.74

Prescription Drugs

Basic	\$8.03
Family Planning	\$0.00
Subtotal	\$8.04

Inpatient

Basic	\$7.47
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
Subtotal	\$7.48

Miscellaneous

Chemical Dependency	\$0.00
DME/Supplies	\$0.67
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.12
Transportation - Ambulance	\$1.11
Vision	\$0.83
Subtotal	\$2.74

Total Basic Services	\$71.15
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Optional Services

Maternity Management	\$0.00
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Total Services	\$71.15
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Total Services with Admin	\$82.10
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Mental Health

Acute Inpatient	\$0.03
Assess & Eval	\$0.46
Case Management	\$0.17
Consultation	\$0.06
Ancillary Services	\$0.00
Med Management	\$0.07
Alternative to IP	\$0.01
Family Support	\$0.02
OP Therapy	\$1.34
Other OP	\$0.00
Phys IP	\$0.00
Phys OP	\$0.14
Support Day Program	\$0.19
Intensive Treatment Services	\$0.71
Care Coordination	\$0.03
CONS Assessments	\$0.00

Total MH Services	\$3.23
Total MH Services with Admin	\$3.73

Dental	\$15.96
Dental Services with Admin	\$18.42

**Oregon Health Plan Medicaid Demonstration
 Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 6-18
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Physician

Basic	\$25.07
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$0.00
Subtotal	\$25.21

Outpatient

Basic	\$8.78
Emergency Room	\$2.67
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$11.46

Prescription Drugs

Basic	\$11.20
Family Planning	\$0.41
Subtotal	\$11.61

Inpatient

Basic	\$7.06
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.01
Subtotal	\$7.06

Miscellaneous

Chemical Dependency	\$1.26
DME/Supplies	\$0.50
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.06
Transportation - Ambulance	\$0.85
Vision	\$3.91
Subtotal	\$6.58

Total Basic Services	\$61.93
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Optional Services

Maternity Management	\$0.52
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Total Services	\$62.45
Total Services with Admin	\$72.06

Mental Health

Acute Inpatient	\$1.44
Assess & Eval	\$1.67
Case Management	\$0.91
Consultation	\$0.28
Ancillary Services	\$0.01
Med Management	\$0.66
Alternative to IP	\$0.21
Family Support	\$0.08
OP Therapy	\$6.03
Other OP	\$0.06
Phys IP	\$0.08
Phys OP	\$0.49
Support Day Program	\$0.63
Intensive Treatment Services	\$6.37
Care Coordination	\$0.12
CONS Assessments	\$0.01

Total MH Services	\$19.03
Total MH Services with Admin	\$21.95

Dental	\$21.36
Dental Services with Admin	\$24.65

**Oregon Health Plan Medicaid Demonstration
 Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: OHP Families

Physician

Basic	\$64.00
Family Planning	\$0.78
Hysterectomy	\$0.44
Maternity	\$0.00
Newborn	\$0.01
Sterilization	\$0.27
Subtotal	\$65.50

Outpatient

Basic	\$32.13
Emergency Room	\$6.79
Family Planning	\$0.03
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.01
Subtotal	\$38.97

Prescription Drugs

Basic	\$39.52
Family Planning	\$1.99
Subtotal	\$41.50

Inpatient

Basic	\$22.40
Family Planning	\$0.00
Hysterectomy	\$0.74
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.16
Subtotal	\$23.30

Miscellaneous

Chemical Dependency	\$3.22
DME/Supplies	\$1.81
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.09
Transportation - Ambulance	\$2.03
Vision	\$0.57
Subtotal	\$7.72

Total Basic Services	\$177.00
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Optional Services

Maternity Management	\$0.00
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Total Services	\$177.00
Total Services with Admin	\$204.23

Mental Health

Acute Inpatient	\$2.94
Assess & Eval	\$0.47
Case Management	\$0.45
Consultation	\$0.00
Ancillary Services	\$0.02
Med Management	\$0.09
Alternative to IP	\$0.01
Family Support	\$0.04
OP Therapy	\$1.95
Other OP	\$0.10
Phys IP	\$1.00
Phys OP	\$5.18
Support Day Program	\$0.14
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$12.39
Total MH Services with Admin	\$14.30

Dental	\$4.04
Dental Services with Admin	\$4.66

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: OHP Adults and Couples

Physician

Basic	\$109.82
Family Planning	\$0.13
Hysterectomy	\$0.45
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.04
Subtotal	\$110.46

Outpatient

Basic	\$60.02
Emergency Room	\$11.95
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.02
Subtotal	\$72.01

Prescription Drugs

Basic	\$94.26
Family Planning	\$0.76
Subtotal	\$95.02

Inpatient

Basic	\$87.89
Family Planning	\$0.00
Hysterectomy	\$1.66
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.03
Subtotal	\$89.58

Miscellaneous

Chemical Dependency	\$18.39
DME/Supplies	\$4.55
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.42
Transportation - Ambulance	\$5.85
Vision	\$1.33
Subtotal	\$30.55

Total Basic Services	\$397.61
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Optional Services

Maternity Management	\$0.00
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Total Services	\$397.61
Total Services with Admin	\$458.80

Mental Health

Acute Inpatient	\$6.84
Assess & Eval	\$1.01
Case Management	\$2.55
Consultation	\$0.00
Ancillary Services	\$0.03
Med Management	\$0.27
Alternative to IP	\$0.56
Family Support	\$0.05
OP Therapy	\$3.60
Other OP	\$0.05
Phys IP	\$2.42
Phys OP	\$8.50
Support Day Program	\$2.28
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$28.17
Total MH Services with Admin	\$32.50

Dental	\$4.58
Dental Services with Admin	\$5.29

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: AB/AD with Medicare
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Physician

Basic	\$27.15
Family Planning	\$0.03
Hysterectomy	\$0.06
Maternity	\$0.16
Newborn	\$0.02
Sterilization	\$0.02
Subtotal	\$27.45

Outpatient

Basic	\$14.97
Emergency Room	\$1.69
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.05
Sterilization	\$0.01
Subtotal	\$16.72

Prescription Drugs

Basic	\$8.55
Family Planning	\$0.00
Subtotal	\$8.55

Inpatient

Basic	\$0.00
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
Subtotal	\$0.00

Miscellaneous

Chemical Dependency	\$3.85
DME/Supplies	\$17.96
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$1.57
Vision	\$7.60
Medicare Part A Deductible	\$15.05
Medicare Part B Deductible	\$10.92
Medicare Part B Coinsurance Adjustment	(\$2.26)
Subtotal	\$62.71

Total Basic Services	\$115.43
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Optional Services

Maternity Management	\$0.16
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Total Services	\$115.60
Total Services with Admin	\$150.94

Mental Health

Acute Inpatient	\$2.97
Assess & Eval	\$2.25
Case Management	\$12.06
Consultation	\$0.57
Ancillary Services	\$0.03
Med Management	\$8.69
Alternative to IP	\$3.54
Family Support	\$1.54
OP Therapy	\$11.71
Other OP	\$0.21
Phys IP	\$1.04
Phys OP	\$1.18
Support Day Program	\$26.31
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$72.12
Total MH Services with Admin	\$83.21

Dental	\$29.53
Dental Services with Admin	\$34.07

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: AB/AD without Medicare

Physician

Basic	\$121.78
Family Planning	\$0.17
Hysterectomy	\$0.40
Maternity	\$0.00
Newborn	\$0.10
Sterilization	\$0.09
Subtotal	\$122.54

Outpatient

Basic	\$67.41
Emergency Room	\$10.20
Family Planning	\$0.01
Hysterectomy	\$0.01
Maternity	\$0.00
Sterilization	\$0.04
Subtotal	\$77.67

Prescription Drugs

Basic	\$160.40
Family Planning	\$0.72
Subtotal	\$161.12

Inpatient

Basic	\$144.19
Family Planning	\$0.00
Hysterectomy	\$1.35
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.36
Subtotal	\$145.92

Miscellaneous

Chemical Dependency	\$11.21
DME/Supplies	\$25.91
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$5.81
Transportation - Ambulance	\$9.70
Vision	\$5.36
Subtotal	\$66.02

Total Basic Services	\$573.27
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Optional Services

Maternity Management	\$0.50
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Total Services	\$573.77
Total Services with Admin	\$662.06

Mental Health

Acute Inpatient	\$18.92
Assess & Eval	\$3.58
Case Management	\$12.82
Consultation	\$0.92
Ancillary Services	\$0.15
Med Management	\$10.03
Alternative to IP	\$4.56
Family Support	\$1.45
OP Therapy	\$17.56
Other OP	\$0.07
Phys IP	\$0.93
Phys OP	\$2.26
Support Day Program	\$23.36
Intensive Treatment Services	\$13.70
Care Coordination	\$0.09
CONS Assessments	\$0.01

Total MH Services	\$110.41
Total MH Services with Admin	\$127.40

Dental	\$25.95
Dental Services with Admin	\$29.94

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide
Rate Group: OAA with Medicare

Physician

Basic	\$30.03
Family Planning	\$0.00
Hysterectomy	\$0.02
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.00
Subtotal	\$30.08

Outpatient

Basic	\$14.00
Emergency Room	\$1.36
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$15.37

Prescription Drugs

Basic	\$7.94
Family Planning	\$0.00
Subtotal	\$7.94

Inpatient

Basic	\$0.00
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
Subtotal	\$0.00

Miscellaneous

Chemical Dependency	\$0.29
DME/Supplies	\$19.09
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$2.71
Vision	\$9.25
Medicare Part A Deductible	\$27.37
Medicare Part B Deductible	\$10.92
Medicare Part B Coinsurance Adjustment	(\$2.16)
Subtotal	\$73.72

Total Basic Services	\$127.10
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Optional Services

Maternity Management	\$0.02
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Total Services	\$127.12
Total Services with Admin	\$161.81

Mental Health

Acute Inpatient	\$0.51
Assess & Eval	\$0.42
Case Management	\$1.07
Consultation	\$0.18
Ancillary Services	\$0.03
Med Management	\$0.86
Alternative to IP	\$0.17
Family Support	\$0.06
OP Therapy	\$1.16
Other OP	\$0.01
Phys IP	\$0.20
Phys OP	\$0.11
Support Day Program	\$2.63
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$7.41
Total MH Services with Admin	\$8.55

Dental	\$18.74
Dental Services with Admin	\$21.63

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide Rate Group: OAA without Medicare

Physician

Basic	\$98.69
Family Planning	\$0.00
Hysterectomy	\$0.23
Maternity	\$0.01
Newborn	\$0.06
Sterilization	\$0.00
Subtotal	\$98.98

Outpatient

Basic	\$74.18
Emergency Room	\$4.25
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$78.43

Prescription Drugs

Basic	\$103.46
Family Planning	\$0.00
Subtotal	\$103.46

Inpatient

Basic	\$110.90
Family Planning	\$0.00
Hysterectomy	\$4.14
Maternity	\$0.00
Newborn	\$0.00
Sterilization	\$0.00
Subtotal	\$115.04

Miscellaneous

Chemical Dependency	\$0.29
DME/Supplies	\$14.30
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$6.96
Transportation - Ambulance	\$4.13
Vision	\$6.64
Subtotal	\$38.58

Total Basic Services	\$434.49
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Optional Services

Maternity Management	\$0.00
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Total Services	\$434.49
Total Services with Admin	\$501.35

Mental Health

Acute Inpatient	\$0.49
Assess & Eval	\$0.47
Case Management	\$0.78
Consultation	\$0.07
Ancillary Services	\$0.18
Med Management	\$1.18
Alternative to IP	\$0.00
Family Support	\$0.34
OP Therapy	\$0.83
Other OP	\$0.00
Phys IP	\$0.07
Phys OP	\$0.05
Support Day Program	\$2.35
Intensive Treatment Services	\$0.00
Care Coordination	\$0.00
CONS Assessments	\$0.00

Total MH Services	\$6.81
Total MH Services with Admin	\$7.85

Dental	\$27.21
Dental Services with Admin	\$31.40

**Oregon Health Plan Medicaid Demonstration
Capitation Rates for July 2007 through December 2007**

Region: Statewide
Rate Group: SCF Children

Physician

Basic	\$45.88
Family Planning	\$0.08
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.29
Sterilization	\$0.00
Subtotal	\$46.26

Outpatient

Basic	\$12.68
Emergency Room	\$2.44
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$15.14

Prescription Drugs

Basic	\$27.93
Family Planning	\$0.43
Subtotal	\$28.35

Inpatient

Basic	\$13.47
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$3.24
Sterilization	\$0.00
Subtotal	\$16.72

Miscellaneous

Chemical Dependency	\$4.89
DME/Supplies	\$2.12
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.39
Transportation - Ambulance	\$1.13
Vision	\$4.08
Subtotal	\$12.60

Total Basic Services	\$119.07
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Optional Services

Maternity Management	\$2.48
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Total Services	\$121.55
Total Services with Admin	\$140.26

Mental Health

Acute Inpatient	\$6.46
Assess & Eval	\$5.83
Case Management	\$5.86
Consultation	\$2.97
Ancillary Services	\$0.00
Med Management	\$4.50
Alternative to IP	\$4.96
Family Support	\$0.68
OP Therapy	\$37.91
Other OP	\$0.18
Phys IP	\$0.28
Phys OP	\$9.81
Support Day Program	\$7.03
Intensive Treatment Services	\$79.38
Care Coordination	\$0.58
CONS Assessments	\$0.11

Total MH Services	\$166.53
Total MH Services with Admin	\$192.16

Dental	\$20.63
Dental Services with Admin	\$23.80

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: TANF Adults
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Statewide Capitation Rate

Physician

Basic	\$65.11
Family Planning	\$0.76
Hysterectomy	\$0.73
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$1.06
Subtotal	\$67.71

Outpatient

Basic	\$31.66
Emergency Room	\$7.83
Family Planning	\$0.06
Hysterectomy	\$0.02
Maternity	\$0.00
Sterilization	\$0.59
Subtotal	\$40.15

Prescription Drugs

Basic	\$43.66
Family Planning	\$2.10
Subtotal	\$45.76

Miscellaneous

Chemical Dependency	\$12.68
DME/Supplies	\$1.80
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.46
Transportation - Ambulance	\$2.73
Vision	\$3.73
Subtotal	\$21.40

Total Basic Services	\$175.02
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Optional Services

Maternity Management	\$3.39
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Total Services	\$178.42
Total Services with Admin	\$205.87

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: PLM Adults

Statewide Capitation Rate

Physician

Basic	\$82.25
Family Planning	\$2.23
Hysterectomy	\$0.07
Maternity	\$0.00
Newborn	\$0.34
Sterilization	\$3.78
Subtotal	\$88.66

Outpatient

Basic	\$19.61
Emergency Room	\$3.23
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$1.15
Subtotal	\$24.08

Prescription Drugs

Basic	\$23.00
Family Planning	\$2.29
Subtotal	\$25.29

Miscellaneous

Chemical Dependency	\$4.37
DME/Supplies	\$0.80
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.44
Transportation - Ambulance	\$4.37
Vision	\$3.44
Subtotal	\$13.42

Total Basic Services	\$151.45
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Optional Services

Maternity Management	\$22.75
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Total Services	\$174.20
Total Services with Admin	\$201.00

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 0-1

Statewide Capitation Rate

Physician

Basic	\$116.27
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.05
Newborn	\$9.54
Sterilization	\$0.00
Subtotal	\$125.87

Outpatient

Basic	\$16.54
Emergency Room	\$6.65
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.01
Sterilization	\$0.00
Subtotal	\$23.20

Prescription Drugs

Basic	\$10.17
Family Planning	\$0.01
Subtotal	\$10.18

Miscellaneous

Chemical Dependency	\$0.00
DME/Supplies	\$2.46
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.50
Transportation - Ambulance	\$6.45
Vision	\$0.33
Subtotal	\$9.75

Total Basic Services	\$168.99
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Optional Services

Maternity Management	\$0.00
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Total Services	\$168.99
Total Services with Admin	\$195.00

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 1-5

Statewide Capitation Rate

Physician

Basic	\$37.10
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.01
Newborn	\$0.06
Sterilization	\$0.00
Subtotal	\$37.16

Outpatient

Basic	\$11.10
Emergency Room	\$3.85
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$14.95

Prescription Drugs

Basic	\$8.03
Family Planning	\$0.00
Subtotal	\$8.04

Miscellaneous

Chemical Dependency	\$0.00
DME/Supplies	\$0.67
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.12
Transportation - Ambulance	\$1.11
Vision	\$0.83
Subtotal	\$2.74

Total Basic Services	\$62.89
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Optional Services

Maternity Management	\$0.00
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Total Services	\$62.89
Total Services with Admin	\$72.56

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: PLM, CHIP, or TANF Children Aged 6-18
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Statewide Capitation Rate

Physician

Basic	\$25.07
Family Planning	\$0.09
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.05
Sterilization	\$0.00
Subtotal	\$25.21

Outpatient

Basic	\$8.34
Emergency Room	\$2.54
Family Planning	\$0.01
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$10.89

Prescription Drugs

Basic	\$11.20
Family Planning	\$0.41
Subtotal	\$11.61

Miscellaneous

Chemical Dependency	\$1.25
DME/Supplies	\$0.50
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.06
Transportation - Ambulance	\$0.85
Vision	\$3.91
Subtotal	\$6.58

Total Basic Services	\$54.29
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Optional Services

Maternity Management	\$0.52
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Total Services	\$54.81
Total Services with Admin	\$63.24

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: OHP Families

Statewide Capitation Rate

Physician

Basic	\$64.00
Family Planning	\$0.78
Hysterectomy	\$0.44
Maternity	\$0.00
Newborn	\$0.01
Sterilization	\$0.27
Subtotal	\$65.50

Outpatient

Basic	\$30.52
Emergency Room	\$6.45
Family Planning	\$0.03
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.01
Subtotal	\$37.02

Prescription Drugs

Basic	\$39.52
Family Planning	\$1.99
Subtotal	\$41.50

Miscellaneous

Chemical Dependency	\$2.98
DME/Supplies	\$1.81
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.09
Transportation - Ambulance	\$2.03
Vision	\$0.57
Subtotal	\$7.48

Total Basic Services	\$151.50
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Optional Services

Maternity Management	\$0.00
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Total Services	\$151.50
Total Services with Admin	\$174.81

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: OHP Adults and Couples

Statewide Capitation Rate

Physician

Basic	\$109.82
Family Planning	\$0.13
Hysterectomy	\$0.45
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.04
Subtotal	\$110.46

Outpatient

Basic	\$57.02
Emergency Room	\$11.35
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.02
Subtotal	\$68.41

Prescription Drugs

Basic	\$94.26
Family Planning	\$0.76
Subtotal	\$95.02

Miscellaneous

Chemical Dependency	\$16.96
DME/Supplies	\$4.55
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.42
Transportation - Ambulance	\$5.85
Vision	\$1.33
Subtotal	\$29.12

Total Basic Services	\$303.00
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Optional Services

Maternity Management	\$0.00
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Total Services	\$303.00
Total Services with Admin	\$349.63

Oregon Health Plan Medicaid Demonstration

PCO Capitation Rates for July 1, 2007 through December 31, 2007

Region: Statewide Rate Group: AB/AD with Medicare
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Statewide Capitation Rate

Physician

Basic	\$27.15
Family Planning	\$0.03
Hysterectomy	\$0.06
Maternity	\$0.16
Newborn	\$0.02
Sterilization	\$0.02
Subtotal	\$27.45

Outpatient

Basic	\$14.22
Emergency Room	\$1.60
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.05
Sterilization	\$0.01
Subtotal	\$15.89

Prescription Drugs

Basic	\$8.55
Family Planning	\$0.00
Subtotal	\$8.55

Miscellaneous

Chemical Dependency	\$3.69
DME/Supplies	\$17.96
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$1.57
Vision	\$7.60
Medicare Part A Deductible	\$0.00
Medicare Part B Deductible	\$10.92
Medicare Part B Coinsurance Adjustment	(\$2.26)
Subtotal	\$47.49

Total Basic Services	\$99.38
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Optional Services

Maternity Management	\$0.16
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Total Services	\$99.54
Total Services with Admin	\$132.59

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: AB/AD without Medicare

Statewide Capitation Rate

Physician

Basic	\$121.78
Family Planning	\$0.17
Hysterectomy	\$0.40
Maternity	\$0.00
Newborn	\$0.10
Sterilization	\$0.09
Subtotal	\$122.54

Outpatient

Basic	\$64.04
Emergency Room	\$9.69
Family Planning	\$0.01
Hysterectomy	\$0.01
Maternity	\$0.00
Sterilization	\$0.04
Subtotal	\$73.78

Prescription Drugs

Basic	\$160.40
Family Planning	\$0.72
Subtotal	\$161.12

Miscellaneous

Chemical Dependency	\$10.80
DME/Supplies	\$25.91
Exceptional Needs Care Coordination	\$8.01
Home Health/PDN/Hospice	\$5.81
Transportation - Ambulance	\$9.70
Vision	\$5.36
Subtotal	\$65.61

Total Basic Services	\$423.05
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Optional Services

Maternity Management	\$0.50
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Total Services	\$423.56
Total Services with Admin	\$488.74

Oregon Health Plan Medicaid Demonstration

PCO Capitation Rates for July 1, 2007 through December 31, 2007

Region: **Statewide**
 Rate Group: **OAA with Medicare**

Statewide Capitation Rate

Physician

Basic	\$30.03
Family Planning	\$0.00
Hysterectomy	\$0.02
Maternity	\$0.00
Newborn	\$0.02
Sterilization	\$0.00
Subtotal	\$30.08

Outpatient

Basic	\$13.30
Emergency Room	\$1.29
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$14.60

Prescription Drugs

Basic	\$7.94
Family Planning	\$0.00
Subtotal	\$7.94

Miscellaneous

Chemical Dependency	\$0.28
DME/Supplies	\$19.09
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$0.00
Transportation - Ambulance	\$2.71
Vision	\$9.25
Medicare Part A Deductible	\$0.00
Medicare Part B Deductible	\$10.92
Medicare Part B Coinsurance Adjustment	(\$2.16)
Subtotal	\$46.34

Total Basic Services \$98.95

Optional Services

Maternity Management	\$0.02
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Total Services \$98.97

Total Services with Admin \$129.39

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: OAA without Medicare

Statewide Capitation Rate

Physician

Basic	\$98.69
Family Planning	\$0.00
Hysterectomy	\$0.23
Maternity	\$0.01
Newborn	\$0.06
Sterilization	\$0.00
Subtotal	\$98.98

Outpatient

Basic	\$70.47
Emergency Room	\$4.04
Family Planning	\$0.00
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$74.51

Prescription Drugs

Basic	\$103.46
Family Planning	\$0.00
Subtotal	\$103.46

Miscellaneous

Chemical Dependency	\$0.25
DME/Supplies	\$14.30
Exceptional Needs Care Coordination	\$6.26
Home Health/PDN/Hospice	\$6.96
Transportation - Ambulance	\$4.13
Vision	\$6.64
Subtotal	\$38.54

Total Basic Services	\$315.49
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Optional Services

Maternity Management	\$0.00
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Total Services	\$315.49
Total Services with Admin	\$364.04

**Oregon Health Plan Medicaid Demonstration
PCO Capitation Rates for July 1, 2007 through December 31, 2007**

Region: Statewide Rate Group: SCF Children

Statewide Capitation Rate

Physician

Basic	\$45.88
Family Planning	\$0.08
Hysterectomy	\$0.00
Maternity	\$0.00
Newborn	\$0.29
Sterilization	\$0.00
Subtotal	\$46.26

Outpatient

Basic	\$12.05
Emergency Room	\$2.32
Family Planning	\$0.02
Hysterectomy	\$0.00
Maternity	\$0.00
Sterilization	\$0.00
Subtotal	\$14.39

Prescription Drugs

Basic	\$27.93
Family Planning	\$0.43
Subtotal	\$28.35

Miscellaneous

Chemical Dependency	\$4.89
DME/Supplies	\$2.12
Exceptional Needs Care Coordination	\$0.00
Home Health/PDN/Hospice	\$0.39
Transportation - Ambulance	\$1.13
Vision	\$4.08
Subtotal	\$12.60

Total Basic Services	\$101.60
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Optional Services

Maternity Management	\$2.48
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Total Services	\$104.08
Total Services with Admin	\$120.10